Chapter 6 Client Services

Policy 6100 Clinical Management

This policy applies to all local agencies.

Clinical Services Clinical care services must operate under the responsibility of a medical director. The medical director must be a licensed physician who has special training or experience in family planning. (Program Guidelines 6.5)

Medical Protocols Medical protocols and/or standing orders must provide all clinical personnel with guidelines for client care. (Program Guidelines 6.5; FPRH)

Effective Date December, 2004 Approved By _____

Chapter 6

Policy 6200 Service Plans, Protocols and Policies

This policy applies to all local agencies.

Written Protocols and Plans

Local agencies must have written clinical protocols and plans for patient education, signed by the agency's medical director and approved by the grantee (FPRH), which outline procedures and policies for the provision of each service offered. The protocols and plans must be in accordance with state laws and should be based on current standards of care or recommendations from nationally recognized professional organizations. Clinical protocols must be consistent with the requirements of Title X guidelines. (Program Guidelines 7.1)

Confidentiality Policies

Local agencies must have written policies and procedures that assure client confidentiality and provide safeguards for the privacy of all clients. (Program Guidelines 5.2)

Privacy Rule (HIPAA) guidelines must be followed. Agencies must not disclose any information about a client without the client's written consent, except as required by law, or as necessary to provide services. Information may otherwise be disclosed only in summary, statistical or other form that does not identify the individual. (42 CFR 59.11)

Appropriate "safety nets" for confidentiality must be in place when at all possible. Federal program consultants and FPRH will review medical records periodically. (FPRH)

Related References

(45 CFR 160.164; 42 CFR 59.11) Standards for Privacy of Individually Identifiable Health Information

Effective Date December, 2004 Approved By _____

Chapter 6

Policy 6300 Medical Records Management

This policy applies to all local agencies.

Medical Records

Local agencies must establish a medical record for every client who obtains medical services. (Program Guidelines 10.3)

Contents

The medical record must include:

- Client's name
- How and where to contract the client
- Personal information about the client
- A signed copy of the agency's assurance of confidentiality form
- A signed copy of the agency's informed consent form
- Client's medical history
- Client's physical exam
- Lab test results
- Lab test follow-up
- Summary of treatment and any special instructions
- Schedule of re-visits
- Record of refused services

The medical record must document:

- Reports of clinical findings
- Orders for diagnostic, therapeutic and lab tests.
- Continuing care
- Referral and follow-up
- Summaries of contact with social service and other staff members
- Phone calls with other providers

(Program Guidelines 10.3)

The client can be counseled about specific birth control methods with summaries, i.e., fact sheets, brochures and FDA inserts.

A problem list should be kept at the front of each medical record to facilitate continuing evaluation and follow-up.

Financial information should be kept in a separate section of the medical record. It should not be mixed with clinical information. It should not be a barrier to client services. (Program Guidelines 10.3)

Allergies and untoward reactions to drugs must be recorded in a prominent, specific location in the medical record.

Standards

The medical record must be:

- Complete, legible and accurate
- Signed by clinical and other health professionals with name, title and date of entry
- Accessible

- Systematically organized for prompt retrieval
- Confidential
- Safeguarded against loss or use by unauthorized individuals
- Available upon request to the client
- Secured by lock when not in use

(Program Guidelines 10.3)

Confidentiality

Confidentiality of client records must be strictly maintained. All personal information about a client is privileged communication. (FPRH)

The written consent of the client must be obtained before releasing any personally identifiable information, except as may be necessary to provide services to the client or as required by law. Only the specific information requested should be released.

Release of Records

Upon request, clients transferring to other providers must be provided with a copy or summary of their records to expedite continuity of care. The written release consent of the client must be kept in her or his record. (Program Guidelines 10.3; Chapter 70.02 RCW)

Local agencies may release summary or statistical information for reporting or public information purposes if it does not identify particular individuals.

Forms Anchored

Forms, notes, lab test results, etc., must be anchored in the medical record. (FPRH)

Retention of Records

All materials relevant to the provision of services must be retained in the client's record for ten years. The records of minors shall be retained and preserved for a period of no less than three years following attainment of the age of 18, or ten years following discharge, whichever is longer. (Chapter 7041.190 RCW)

The records of clients who undergo procedures such as IUD/IUS insertions will be retained permanently. These can be archived or put on microfiche. (FPRH; ACOG; chapter 70.02 RCW)

Records of litigious clients should be kept indefinitely. (Physicians Insurance Exchange)

Copies of the Client Visit Record (CVR) showing a Title X client's last annual exam and most recent visit must be available for review. All other CVRs may be disposed of in a manner that protects client confidentiality. (FPRH)

Computerized Client Visit Record (CVR)

Clinics that keep CVR information as computerized data must be able to retrieve CVR information on a client's last annual exam and most recent visit. The computer system must be subject to normal safety precautions against the loss of information. Data entry personnel must be subject to the rules of confidentiality that apply to all other staff. (FPRH)

Related References

Chapter 70.02 RCW Medical records – Health care information access and disclosure

Chapter 7.41.190 RCW Medical records of patients – Retention and preservation

Chapter 70.24.105 RCW Disclosure of HIV antibody test or testing or treatment of sexually transmitted diseases – Exchange of medical information.

WAC 246-101-635 Special conditions – AIDS and HIV

ACOG Guidelines for record retention (www.acog.org)

Physicians Insurance Exchange, Risk Management Department (800-962-1399)

Effective Date December, 2004 Approved By _____

Chapter 6

Policy 6400 Required Clinical Services

This policy applies to all local agencies.

On-Site or By Referral

Local agencies must provide the following required services on-site or by referral:

- A broad range of acceptable, effective and medically approved family planning methods and services. (42 CFR 59.5)
- Client education and counseling. (Policy 5100)
- Medical History, physical assessment and laboratory testing. (Policies 6420, 6430, 6440)
- Fertility regulation. (Policy 6490)
- Infertility services. (Policy 6495)
- Pregnancy diagnosis and options counseling. (Policy 6470)
- Adolescent services. (Policy 6480)
- Identification of estrogen-exposed offspring. (Policy 6425)

(Program Guidelines 8.0-8.8)

Birth Control Methods Counseling

Methods counseling includes the following information:

- Results of client's physical exam and lab tests.
- How to use contraceptive methods, and their respective benefits and efficacy.
- Side effects and complications of respective methods.
- How to discontinue a method, what back-up method to use and how to get emergency contraception (or dispense emergency contraception in advance).
- Planned return schedule.
- Emergency 24-hour telephone number.
- Location of emergency services.
- Referral for additional services, as needed.

(Program Guidelines 8.2)

STD & HIV Counseling

STD and HIV counseling and education must be offered to all clients and documented. All clinics must offer:

- Education about HIV infection and AIDS.
- Information about risks and infection.
- Referral services.

Clinics may provide HIV risk assessment, counseling, and testing by specially trained staff. If they don't they must provide a list of health care providers who can provide these services. (Program Guidelines 8.2)

Initial Visit Components

The following must be offered to all clients and documented at the first visit:

- Information and educational materials based upon the client's needs and knowledge.
- Counseling that will enable the client to make informed choices.

- An informed consent form.
- A medical history.
- A physical exam. (Policy 6410)
- Laboratory tests.
- Follow-up and referral services.

(Program Guidelines 7.2)

Waiver of Services

A waiver of a particular requirement may be obtained from the Regional Office upon written request from FPRH. The request for an exception must provide epidemiological, clinical, and other support data to justify the request and the duration of the waiver. (Program Guidelines 7.1)

Abortion as Unallowable Title X Service

No funds appropriated under Title X shall be used in programs where abortion is a method of family planning. (Section 1008 of Public Law 91-572 – Title X of the Public Health Services Act of 1970)

Effective Date December, 2004 Approved By _____

Policy 6410 Health Assessment for Prescription Contraceptives

This policy applies to all local agencies.

Prescription Contraceptives

Before a client gets prescription contraceptives, she must have a health assessment that includes a medical history. If a physical examination and required laboratory tests are not provided at that time, she must schedule an appointment to return for them within 3 to 6 months.

Emergency contraception should be dispensed whenever a client starts a new method or changes methods. (FPRH)

All physical exam and laboratory test requirements stipulated in the prescribing information for specific methods of contraception must be followed. (Program Guidelines 8.3)

Delayed Examination for Hormonal Contraceptives

Local agencies may provide clients with up to 6 months of hormonal contraception after a health assessment and without a physical examination, provided that the assessment is negative for contraindications for starting the method. If the exam is delayed beyond 6 months, then it becomes a deferred exam.

Counseling must include information about possible health risks associated with declining or delaying preventive screening tests or procedures. (Program Guidelines 8.3)

Deferral

If, in the clinician's judgment, there is a compelling reason for extending the deferral beyond 6 months, the reason for the deferral must be documented in the client record. (Program Guidelines 8.3)

Effective Date December, 2004 Approved By _____

Chapter 6

Policy 6420 Medical History

This policy applies to all local agencies.

Required Content of Initial Medical History

At the initial comprehensive clinical visit, a complete medical history must be obtained on all female and male clients.

At a minimum, the initial history must cover the following areas:

- Allergies
- Rubella immunization
- Hepatitis B immunization
- Current use of prescription and over-the-counter medications
- Extent of use of tobacco, alcohol, and other drugs
- Significant illnesses
- Chronic or acute medical conditions
- Hospitalizations
- Surgeries
- Blood transfusion or exposure to blood products
- A review of health systems
- Pertinent medical history of immediate family
- Exposure to diethylstilbestrol (DES)
- Sexual history (including coitarche)
- STD and HIV
- Partner history
    - Injectable drug use
    - Multiple partners
    - Risk history for STD and HIV
    - Bisexuality

For female clients, the medical history must also include:

- Menstrual history
- Recent sexual activity to assess pregnancy risk
- Cervical cytology history (date of last Pap, any abnormal Pap and treatment)
- Contraceptive use past and present (including adverse effects)
- Obstetrical history
- Gynecological conditions (including ectopic pregnancy)
- In-utero exposure to DES (Policy 6425)

For male clients, the medical history must also include:

- Urological conditions

(Program Guidelines 8.3)

Revisits

Revisit schedules must be individualized, based on the client's need for education, counseling and clinical care beyond that provided by the initial and

annual visit. (Program Guidelines 8.3)

Return visits, with the exception of routine supply visits, should include:

- Assessment of client's health status
- Current complaints
- Evaluation of birth control methods, including method compliance and unprotected intercourse
- Discussion of menstrual patterns
- Opportunity to change birth control methods

The following components must be offered to and documented on all clients at the return visit:

- Update of personal, family medical, and social history
- Physical exam and any necessary clinical procedures
- Client's blood pressure and weight
- Pregnancy tests, as indicated
- Routine or other indicated laboratory tests
- Follow-up and referrals
- Planned mechanism for client follow-up
- Performance of any necessary clinical procedure
- Provision of medications or supplies as needed
- Provision of referrals, as needed

(Program Guidelines 7.2)

Policy 6425 Identification of Estrogen-Exposed Offspring

This policy applies to all local agencies.

DES Exposure

As part of the medical history, clients born between 1940 and 1970 should be asked if their mothers took estrogen during pregnancy. Clients exposed to diethylstilbestrol (DES) in-utero should receive information and special screening, either on-site or by referral. (Program Guidelines 8.8; CDC: www.cdc.gov/des/)

Effective Date December, 2004 Approved By _____

Chapter 6

Policy 6430 Physical Examination

This policy applies to all local agencies.

Initial Exam

An initial exam with a female client must include, as indicated:

- Blood pressure reading
- Breast exam
- Pelvic exam, including vulvar and bi-manual
- Cervical cytology
- Colo-rectal cancer screening, as indicated or >age 50
- STD and HIV screening
- Pregnancy test

An initial exam with a female or a male should include, as indicated, the client's:

Height

- Weight
- Thyroid
- Heart
- Lungs
- Breasts
- Abdomen
- Extremities
- Rectum, as indicated

An initial exam with a male client should include, as indicated:

- Blood pressure reading
- STD and HIV screening
- Colo-rectal cancer screening, as indicated or > age 50
- Genital exam
- Palpation of prostate
- Instruction on testes self-exam

Contraceptive Methods

All physical examination and laboratory test requirements stipulated in the prescribing information for specific methods of contraception must be followed. (Program Guidelines 8.3)

Effective Date December, 2004 Approved By _____

Chapter 6

Policy 6440 Laboratory Tests

This policy applies to all local agencies.

Required Tests

The following laboratory procedures must be provided if required by a contraceptive method or if medically indicated, either on-site or by referral:

- Anemia assessment
- Gonorrhea and chlamydia tests
- Vaginal wet mount
- Diabetes screening
- Lipids profile
- Cholesterol test
- Hepatitis B test
- Syphilis serology (VDRL, RPR)
- Rubella titer
- Urinalysis
- HIV test

Pregnancy Tests

Pregnancy testing must be available on-site. (Program Guidelines 8.3; Policy 6470 - Pregnancy Testing, Diagnosis and Referral)

Abnormal Results

A procedure that addresses client confidentiality must be established to allow for client notification and adequate follow-up of abnormal results.

Cervical Cancer Screening

There are two different tests for cervical cytology evaluation—conventional and liquid-based pap smears. Cervical cancer screening protocols must correspond with current recommendations issued by a professional group such as the American College of Obstetricians and Gynecologists, the American Cancer Society, or the United States Preventative Task Force. The standard of care and the date of revision should be noted. (OPA Program Instruction Series, 03-01:Screening for Cervical and Colo-Rectal Cancer and Sexually Transmitted Diseases, 2003)

Infection Control

Clinics are expected to follow applicable federal and state regulations regarding infection control. (Program Guidelines 10.1; WAC 246-338)

Documentation

All laboratory tests provided for a client must be documented in the client's medical record. (FPRH)

Pap smear reports must follow the Bethesda nomenclature format. (WAC 246-338)

Laboratory Certification

Agencies must maintain current laboratory certification, licensure or waiver appropriate to the level of testing performed. (WAC 246-338 – medical test site rules)

Effective Date December, 2004 Approved By _____

Chapter 6

Policy 6450 Chlamydia and Gonorrhea Screening

This policy applies to all local agencies.

Chlamydia and Gonorrhea Screening

A gonorrhea (GC)/chlamydia (Ct) test must be offered to every client who meets the following screening criteria:

- Has a recent history of an STD
- Is at-risk for STD exposure
- Is being re-screened—had a positive Ct in past 3 to 4 months
- Is symptomatic
- Has had recent exposure to STD
- Is requesting an IUD (Program Guidelines 9.2)
- Meets CDC selective screening criteria (MMWR Vol. 51 2002; http://www.cdc.gov/mmwr)

Infertility Prevention Program

Agencies participating in the Region X Infertility Prevention Program (IPP) must offer chlamydia screening, diagnosis and treatment based on selective screening criteria for Washington state, as follows:

- Is female and age 24 or younger
- Is female of any age and meets the following criteria:
  - Has been exposed to chlamydia
  - Mucopurulent cervicitis
  - Cervical friability
  - Ectopy with inflammation/edema
  - Pelvic Inflammatory Disease
  - Is pregnant
  - Has had a positive chlamydia test in past 12 months
  - Has had a symptomatic partner within 60 days
  - Is being seen prior to IUD insertion

(IPP manual: www.centerforhealthtraining.org)

Client Partners

Clients should be encouraged to have their partners tested and treated.

All male clients, including partners of women who have tested positive for chlamydia or gonorrhea, are eligible for testing under the IPP and the CDC's Comprehensive STD Prevention Services. An IPP lab slip must be filled out to get testing and treatment under both of these programs.

Reporting Requirements

Agencies must comply with state STD reporting requirements. (Program Guidelines 9.2; WAC 246-101)

Minors

A minor who is 14 years of age or older may consent to testing and treatment without prior consent of a parent of legal guardian. (Chapter 70.24 RCW)

The state office of STD services refers any individual under the age of 14 who tests positive for a reportable STD to the local health jurisdiction for possible referral to child protective services.

Related References

WAC 246-100 Communicable and Certain Other Diseases

WAC 246-101 Notifiable Conditions

Chapter 70.24 RCW Control and Treatment of STDs

Chapter 26-28 RCW Age of Minority

Washington State Laboratory:
www.doh.wa.gov/hsqa/fsl/lqa_practice_guidelines.htm

Effective Date December, 2004 Approved By _____

Policy 6460 Abnormal Results

This policy applies to all local agencies.

Abnormal Tests

Local agencies must have written policies and procedures for follow-up on referrals that are made as a result of abnormal physical examination or laboratory test findings. These policies must be sensitive to the client's confidentiality and privacy. (Program Guidelines 7.4)

Sexually Transmitted Diseases

A sexually transmitted disease is a bacterial, viral, fungal or parasitic disease or condition usually transmitted through sexual contact including:

- Acute pelvic inflammatory disease (PID)
- Chancroid
- Primary genital herpes simplex (HSV)
- Genital human papilloma virus (HPV)
- Gonorrhea (GC)
- Granuloma inguinale
- Hepatitis B infection (Hep B)
- Human immunodeficiency virus (HIV)
- Acquired immunodeficiency syndrome (AIDS)
- Lymphogranuloma venereum
- Nongonococcal urethitis (NGU)
- Syphilis
- Chlamydia trachomatis (Ct)

(WAC 246-101-010)

Reportable STDs

A Washington state STD case report must be completed for the following:

- Chancroid
- Gonorrhea
- Syphilis
- Primary genital herpes simplex
- Granuloma inguinale
- Lymphogranuloma venereum
- Chlamydia trachomatis

Non-Reportable STDs

The following STDs do not require a Washington state case report:

- Genital human papilloma virus
- Trichomoniasis
- Nongonococcal urethitis
- Acute PID not caused by chlamydia or gonorrhea.

(WAC 246-101-101)

Treatment

Treatment for positive STDs must be provided on-site or by referral. (FPRH)

Treatment must follow current CDC guidelines. (MMWR)

Client Confidentiality Preserved

The follow-up procedure for abnormal test results must respect the client's right to confidentiality. The logistics of contacting the client should be negotiated with the client at the first visit, noted in the client's chart, and updated as needed. When the initial attempt at contact is not successful, a reasonable further effort should be made, consistent with the severity of the abnormality. (FPRH)

Related References

WAC 246-101 Notifiable conditions

WAC 246-101-010 Definitions within the notifiable conditions regulations

WAC 246-101-101 Notifiable conditions and the health care provider

Chapter 70.24 RCW Control and treatment of sexually transmitted diseases

MMWR May 10, 2002/vol51//No.RR-6 sexually transmitted disease treatment guidelines 2002:http://www.cdc.gov/mmwr. Copies of the MMWR can be obtained from the U.S. government printing office at 202-512-1800

Effective Date December, 2004 Approved By _____

Policy 6470 Pregnancy Diagnosis and Counseling

This policy applies to all local agencies.

Pregnancy Testing

Local agencies must provide pregnancy testing, diagnosis, and counseling to all clients who request them. (Program Guidelines 8.6; FPRH)

Options Information

Local agencies must offer pregnant women the opportunity to receive information and counseling on each of the following options:

- Prenatal care and delivery
- Infant care, foster care, or adoption
- Pregnancy termination

(Program Guidelines 8.6)

Counseling must be neutral, factual and non-directive. Referral must be provided on request. A pregnant woman can refuse information on any option.

Counseling

Clients who plan to carry their pregnancies to term should be given information about good health practices during early pregnancy, especially those that protect the fetus during the first three months, such as folic acid supplements. (Program Guidelines 8.6; FPRH)

Medical Exam Confirmation

If a medical exam cannot be performed in conjunction with a pregnancy test, the client must be told that it is important that she have an exam, preferably within 15 days. (Program Guidelines 8.6; FPRH)

Suspected Ectopic Pregnancy

If ectopic pregnancy is suspected, the client must be referred for immediate diagnosis and therapy. (Program Guidelines 8.6)

Effective Date December, 2004 Approved By _____

Policy 6480 Adolescent Services

This policy applies to all local agencies.

Counseling Adolescents who seek contraceptive services must be informed about all methods of contraception, including abstinence. Safer sex practices to reduce risks for STD/HIV and pregnancy must be discussed and documented with all adolescents. (Program Guidelines 8.7)

Confidentiality Adolescents must be assured that all counseling sessions are confidential and that if follow-up is necessary every attempt will be made to assure her or his privacy.

Consent Parents or guardians do not have to be notified or give written consent in order for minors to receive services. (Program Guidelines 8.7)

Family Participation Providers must offer and document counseling to minors that encourages family involvement, as appropriate. (OPA program priority 3, 2004)

Sexual Coercion Minors must be offered counseling on how to resist attempts to sexually coerce them, as indicated, and the offer must be documented in the medical record. (Federal Legislative Mandate – public law 105, section 219)

Mandatory Reporting Agencies are required to follow state laws on mandated reporting of child abuse, child molestation, sexual abuse, rape, or incest. (Chapter 9.68A RCW; Chapter 9.44 RCW, OPA Program Instruction memo 06-01)

Age of Majority The age of majority in Washington state is 18. (Chapter 26.28 RCW; Chapter 13.64 RCW)

Effective Date December, 2004 Approved By _____

Policy 6490 Fertility Regulation

This policy applies to all local agencies.

Reversible Contraception

Reversible methods of contraception include:

- Barrier methods, male and female (Consistent and correct use of condoms should be encouraged for all those at risk for STDs/HIV.)
- Intrauterine devices, or IUDs
- Natural Family Planning
- Hormonal methods

(Program Guidelines 8.4)

Emergency Contraception

Postcoital emergency contraception must be offered to clients, as indicated, either on-site of by referral. (FPHR)

Sterilization

The counseling and consent process must assure that the client's decision to undergo sterilization is completely voluntary and made with full knowledge of the permanence, risks, and benefits associated with female and male sterilization procedures. Federal informed consent requirements must be complied with when a procedure is performed or arranged for by a clinic site. (50 CFR 202; Policy 6500)

Related References

WAC 388-531-1550 Sterilization – physician related services

50 CFR 202B Sterilization of persons in federally assisted family planning projects. Copies of booklets and forms: http://opa.osophs.dhhs.gov/pubs/publications.html#Sterilization. If the person seeking sterilization is covered by Medicaid (has a DSHS Medical ID card for payment) the DSHS 13-364 Sterilization Consent and DSHS 13-364A Client Statement Form must be used: www.maa.dshs.wa.gov/familyplan; click on Billing Instructions, Accept, scroll to Family Planning. OPA Program Instruction memos at: http://opa.osophs.dhhs.gov/titlex/pis/xinstruc.html

Effective Date December, 2004 Approved By _____

Policy 6495 Infertility Services

This policy applies to all local agencies.

Level I Infertility Services

Level I infertility services must be provided to all clients who request them. They include an initial interview, education, physical exam, counseling and referral. The client should be given information about basal body temperature charting, time of fertility and coital frequency.

Level II Infertility Services

Level II infertility services may be offered to clients by clinicians who have special training in infertility. They include laboratory testing, semen analysis, assessment of ovulatory function and postcoital testing.

Level III Infertility Services

Level III infertility services, which involve very sophisticated testing, are beyond the scope of Title X clinics.

Effective Date December, 2004 Approved By _____

Chapter 6

Policy 6500 Consent—Informed Consent, Method-Specific Consent, and Sterilization Consent

This policy applies to all local agencies.

Required Elements of Informed Consent

Before any medical services are provided, local agencies must obtain the client's voluntary consent, including a statement that the client has received and understood enough information to make an informed choice. Consent forms must be:

- Written in a language understood by the client, or be translated and witnessed by an interpreter.
- Signed by the client.
- Part of the client's medical record.

(Program Guidelines 7.2 and 8.1)

Method-Specific Consent

Written informed consent, specific for the prescriptive contraceptive method, must be signed before a method or written prescription can be provided. A copy of the consent must be part of the medical record. The method-specific informed consent must adhere to the required elements of informed consent.

The client must receive information on the benefits and risks, effectiveness, potential side effects, complications, discontinuation issues and danger signs of the contraceptive method chosen. (Program Guidelines 8.1)

Contraceptive method information can be provided to clients in the form of a fact sheet, brochure or manufacturer's insert. (FPRH)

Specific education and consent forms for the contraceptive method must be a part of the agency's service plan.

FDA Warnings

Clients must be informed of any FDA "Black Box" warnings associated with contraceptives.

Sterilization Consent

Prior to receiving a federally subsidized sterilization, the client must sign a copy of PHS Sterilization Consent Form with OMB clearance number 0937-0166. Sterilization consent goes into effect 30 days following date signed and remains valid for 180 days. (42 CFR 50.204)

The Washington State Medical Assistance Administration (Medicaid) has a sterilization form that conforms to the federal form and can be obtained on line: www.maa.dshs.wa.gov/familyplan click on Billing Instructions, Accept, scroll to Family Planning. If the person seeking sterilization is covered by Medicaid (has a DSHS Medical ID card for payment) the DSHS 13-364 Sterilization Consent and DSHS 13-364A Clinic Statement Form must be used.

Related References

Chapter 7.70.050 RCW Failure to secure informed consent, necessary elements of proof, emergency situations

Chapter 7.70.060 RCW Consent form, contents, prima facie evidence, failure to use

Chapter 7.70.065 RCW Informed consent, persons authorized to provide for patients who are not competent, priority

Effective Date December, 2004 Approved By _____

Policy 6600 Referrals and Follow-Up

This policy applies to all local agencies.

If a client needs a service that an agency does not provide even though it is required by Title X to do so, the agency must formally refer the client to another provider of that service. The referral must include information about the service to be provided and reimbursement by the referring agency. These arrangements should be formally confirmed with a contract or provider agreement, when possible. (Program Guidelines 7.4, FPRH)

Referrals of Non-Required Services

If a client needs a service that an agency is not required by Title X to provide, the agency must refer the client to another provider. When the referral is for non-family planning services or emergency clinical care, the agency must:

- Arrange transfer of pertinent client information, except when it is necessary to provide services without consent or as required by law, and then only with appropriate confidentiality safeguards.
- Tell the client that the referral is important and that it is her or his responsibility to comply with it. Describe the agreed-upon method of follow-up.
- Maintain a current list of health care providers, local health and human service departments, hospitals, volunteer agencies, and health service projects supported by other Federal programs, and give the client a choice whenever possible. (Program Guidelines 7.4)

Follow-Up

An agency should contact a referred client to make sure he or she took advantage of the referral. This follow-up must be sensitive to the client's confidentiality. Follow-up logistics must be negotiated with each client on the first visit, noted in the client's medical record, and updated as needed. (FPRH)

Related References

Chapter 70.02.050 RCW Disclosure with patient's authorization

Effective Date December, 2004 Approved By _____

Chapter 6

Policy 6700 Pharmaceuticals

This policy applies to all local agencies.

Federal and State Laws

Agencies must operate in accordance with federal and state laws relating to security, record keeping, and dispensing regulations for drugs. The inventory, supply, and provision of pharmaceuticals must be conducted in accordance with state pharmacy laws and professional practice regulations. (Program Guidelines 10.2)

Adequate Supply

Local agencies must maintain an adequate supply and variety of drugs and devices that are current and pre-packaged to effectively manage the contraceptive needs of clients. (Program Guidelines 10.2; FPRH)

Storage

All pharmaceuticals must be kept in a secure place, either locked or under direct and continuous observation of family planning staff. Local agencies that stock narcotics or tranquilizers must record medication counts at the beginning and end of each day. (FPRH)

Prescription Authority According to State Law

State laws pertaining to the prescription of pharmaceuticals must be followed. (Program Guidelines 10.2) Licensing and practice requirements for registered nurses (WAC 246-840) and ARNPs (Chapter 18.79 RCW) must be met. Registration and practice qualifications must be met for physician assistants (WAC 246-918) and pharmacists (WAC 246-856, Chapter 69.41 RCW).

Pre-Packaged Contraceptives

Local agencies may possess, sell, deliver and dispense commercially pre-packaged oral contraceptives that are prescribed by authorized, licensed health care practitioners. (Chapter 69.41.030 RCW)

Labeling and Logging of Pharmaceuticals

Every box, bottle, jar, tube or other container of a legend drug must have a label with name of drug (brand or generic), strength per unit dose, prescriber, directions for use, name of patient, and date. (Chapter 69.41.050 RCW)

A log of dispensed medication and lot number must be kept for up to two years. (RCW 69.41.042)

Related References

WAC 246-840 Practical and registered nurse

WAC 246-883 Pharmaceutical sales requiring prescriptions

WAC 236-885 Pharmacy identification, imprints, marking, labeling of legend drugs

WAC 246-856 Board of pharmacy

WAC 246-918 Physician assistant, medical quality assurance commission

Chapter 18.79 RCW Nursing care

Chapter 18.64.011 RCW Pharmacists

Chapter 69.41.010 RCW Legend drugs, definitions

Chapter 69.41.050 RCW Labeling requirements

Effective Date December, 2004 Approved By _____

Policy 6800 Risk Management

This policy applies to all local agencies.

Medical Emergencies

Local agencies must have written protocols and procedures for the management of on-site medical emergencies. These protocols and procedures must cover, at a minimum:

- Vaso-vagal reactions (drop in blood pressure)
- Anaphylaxis (systemic allergic reaction)
- Shock
- Cardiac arrest
- Respiratory difficulties
- Hemorrhage
- Syncope (dizziness or lightheadedness)

Protocols must be in place for emergencies that require transport, after-hours management of contraceptive emergencies, and clinic emergencies. All staff must be familiar with these protocols. (Program Guidelines 7.3)

Appropriate training, including CPR training, must be provided to all clinical staff. (FPRH)

Emergency Information

Clients must be informed about how to access emergency services. (FPRH)

Clinic Emergencies

All local agencies must have written protocols and procedures for responding to emergency situations, such as:

- Fire
- Robbery
- Power failure
- Harassment
- Bomb threats

All staff must be familiar with these protocols and procedures and receive appropriate training. This training must be documented in personnel files. (FPRH)

All staff must have proof of current immunization status and tuberculosis testing on file. (FPRH)

Federal Occupational Safety and Health Administration/Washington Industrial Safety and Health Act

OSHA/WISHA requirements must be met. Local agencies must observe standards set in federal and state law to protect employees from contact with blood borne pathogens. These policies and procedures must cover:

- Exposure control plan
- Employee education/communication of hazards
- Personal protective equipment
- Immunization against blood borne pathogens
- Housekeeping standards
- Record keeping
- Post-exposure procedures

- Engineering and work practices

(29 CFR 1910.1030; WAC 296-62-08001)

Related References

WAC 296-62 General occupational standards
WAC 296-62-08001 Blood borne pathogens
WAC 296-823 Occupational exposure to blood borne pathogens
Chapter 49.17 RCW Washington Industrial Safety and Health Act
www.lni.wa.gov/wisha
Federal Occupational Safety and Health Administration
www.osha.gov

Effective Date December, 2004 Approved By _____